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CONFIRMATION NO. 5967

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/679,772	10/06/2003 RULE	607	3762	17509-0075

APPLICANTS

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** CONTINUING DATA **********

This appln claims benefit of 60/416,005 10/04/2002
and claims benefit of 60/444,554 02/03/2003
and claims benefit of 60/460,163 04/03/2003

** FOREIGN APPLICATIONS **********

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 12/30/2003

Foreign Priority claimed	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MA	4	53	3

☐ yes ☒ no
☐ yes ☒ no ☐ Met after Allowance
Examiner's Signature _____ Initials _____

ADDRESS
29052
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TITLE
Medical device for controlled drug delivery and cardiac monitoring and/or stimulation

FILING FEE	FEES: Authority has been given in Paper	☐ All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	☐ 1.16 Fees (Filing)
747	No. _____ for following:	☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____